

(1) PLACE OF BIRTH

County of Sumter
 Township of Sumter
 or
 Inc. Town of Sumter
 or
 City of Sumter

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) BOY OR GIRL GIRL
 (4) Twin or Triplet? ✓
 To be answered only in case of Twins or Triplets
 (5) Number in order of birth 2
 (6) Any Parents Married? yes

File No.—For State Registrar Only

2558

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 41.0. Registered No. 1
 (For use of Local Registrar)

(No. Proctor Hospital St. Catherine Ward)
 (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(If child is not yet named, make hospital report as directed)

DATE OF BIRTH 11/22
 (Name & Month) (Day) (Year)

FATHER.

(8) FULL NAME William Robert Davis
 (9) PRESENT POSTOFFICE OF FATHER Sumter S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)
 (12) BIRTHPLACE Star N.C.
 (13) OCCUPATION Barber

MOTHER.

(14) NAME BEFORE MARRIAGE Lucie Taylor
 (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 3

(20) Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 8:00 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Care B. Hays(24) State whether Physician or Midwife Phys.(25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 30 19 22 (28) D. B. Browning Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the N. H.—in case of still children use a SEPARATE BLANK FORM EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc. in question 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.